

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/					51			
2	/					52			
3	/					53			
4	/					54			
5	/					55			
6	/					56			
7	/					57			
8	7					58			
9	/					59			
10	/					60			
11	/					61			
12	/					62			
13	/					63			
14	/					64			
15	/					65			
16	/					66			
17	/					67			
18	/					68			
19	/	4				69			
20	/					70			
21	/					71			
22	/					72			
23	/					73			
24	/					74			
25	/					75			
26	/					76			
27	0					77			
28	/					78			
29	/					79			
30	/					80			
31	1					81			
32	/					82			
33	/					83			
34	/					84			
35	/					85			
36	/					86			
37	/					87			
38	/					88			
39	2					89			
40	2					90			
41	2					91			
42	2					92			
43	2					93			
44	0					94			
45	0					95			
46	/					96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	7					TOTAL IND.			
TOTAL DEP.	50	↔	↔	↔	↔	TOTAL DEP.	↔	↔	↔
TOTAL CLAIMS	57					TOTAL CLAIMS			